

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-047248

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 363

FILED DEC 16 1963

1. PLACE OF DEATH

a. COUNTY

Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

county Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Fulton

Length of stay in 1b
10 Days

c. CITY
OR
TOWN McCredie

Inside Limits
Yes ☐ No ☐

2. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Callaway Mem. Hospital

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS R.F.D. # 1

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
Ora

Middle

Last
Christopher

4. DATE
OF
DEATH

Month Day Year
Dec. 14 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/29/1888

9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Audrain Co, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles Henry Gray

13b. MOTHER'S MAIDEN NAME

Julia Debo

14. NAME OF HUSBAND OR WIFE

Jas. Fred Christopher

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Jas. Fred Christopher, McCredie, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

12/3/63

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

chr. myocarditis

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
s.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12/3/63

to 12/14/63

and last saw her alive on

12/13/63

Death occurred at

3:50

A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Henry Smith M.D.

22b. ADDRESS

Fulton, Mo.

22c. DATE SIGNED

12/14/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Dec. 16, 1963

23c. NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

23d. LOCATION (City, town, or county)

E. Fulton Callaway Co, Mo

24. FUNERAL DIRECTOR

ADDRESS

Browning Funeral Home, Fulton, Mo

25. DATE RECD. BY LOCAL REG.

Dec 14 - 1963

26. REGISTRAR'S SIGNATURE

Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
10147
20140
3
4 1
5 1
6
7 0
8 2
9 490x
10
11
12 1-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Kenneth L. Martin, Student Embalmer No. 712
working under my personal supervision.

Student Kenneth L. Martin
Signature of Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Hulton, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.